

Methamphetamine Use in Colorado

8/13/19

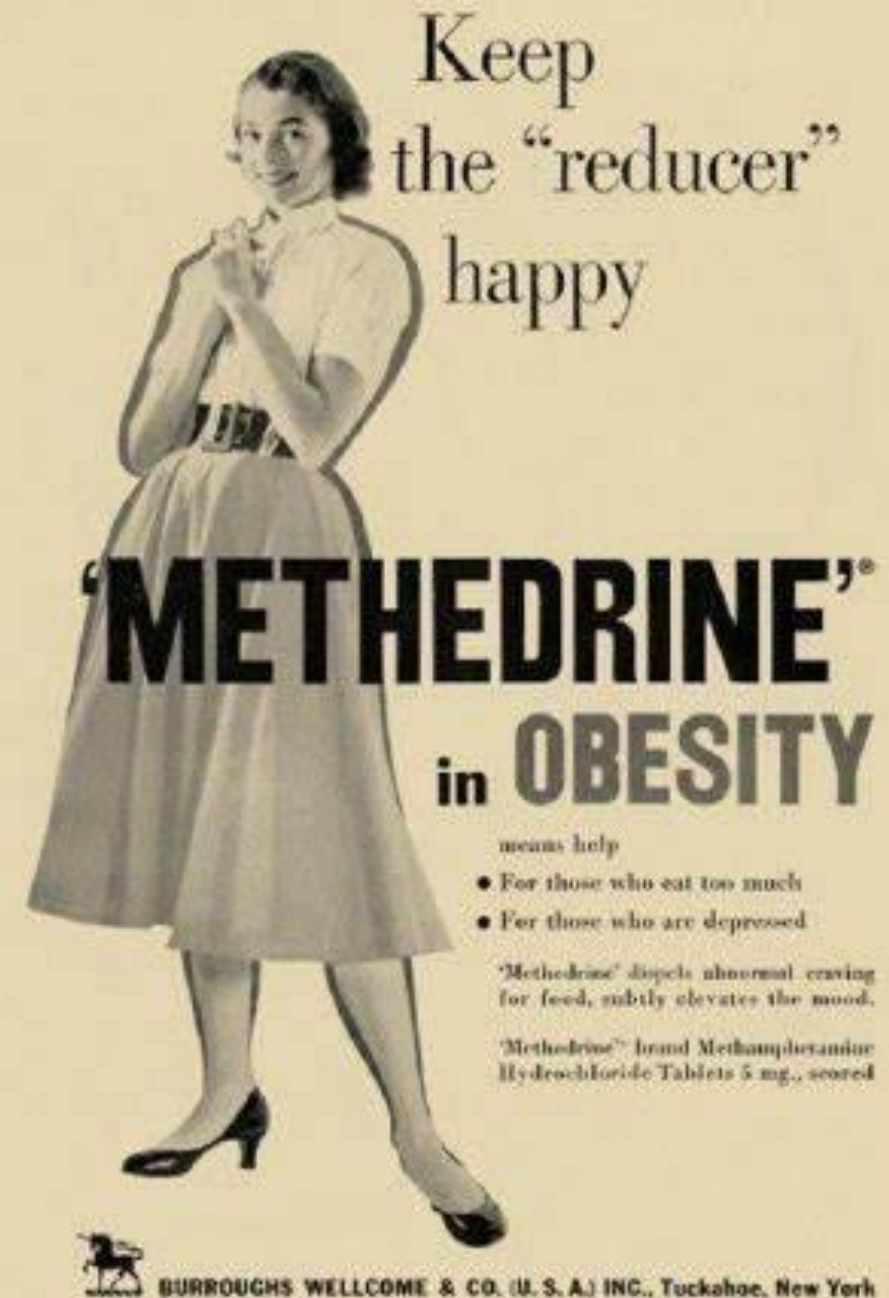


**MENTAL HEALTH
COLORADO**

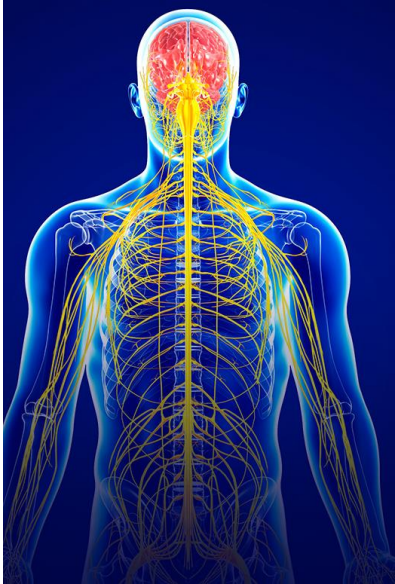
Opening minds. Changing lives.

Brief History of Methamphetamines

- First created in Japan, 1919
- 1940's: methamphetamines and amphetamines widely distributed to treat depression, narcolepsy, obesity etc...
- Both were used by troops in WWII to keep soldiers alert
- 1963-1971: meth production moved to the black market
- Prescription forms: Desoxyn/Adderall

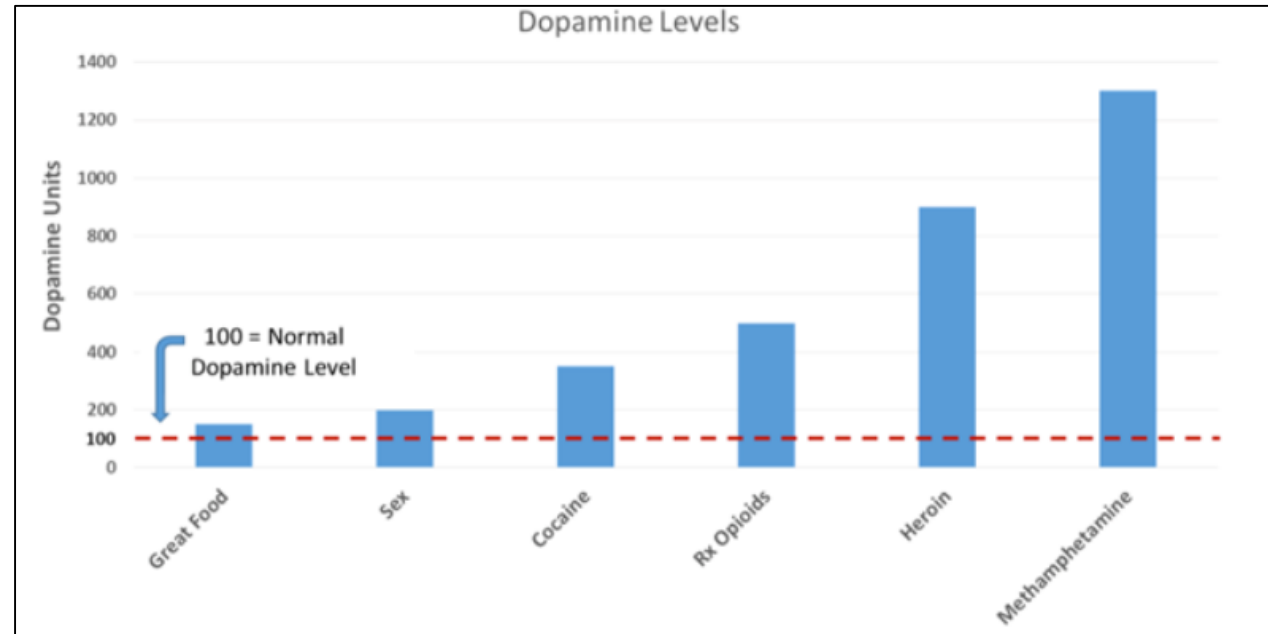


What is Methamphetamine?

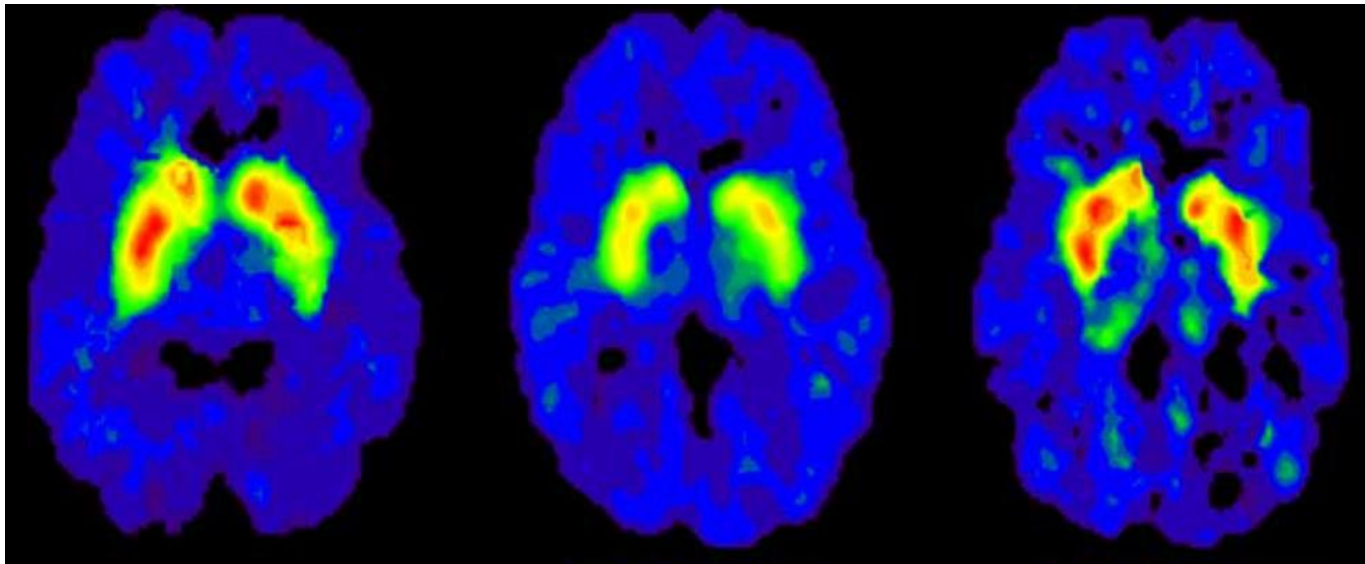


Impacts your central nervous system

Methamphetamine is a stimulant drug that triggers the release of Dopamine in your brain. Dopamine is a neurotransmitter that plays a part in controlling movement, thought processes, emotions, and the pleasure centers of the brain. It is naturally released in low quantities, but meth releases dopamine in exceptionally higher doses.



Brain damage from meth use

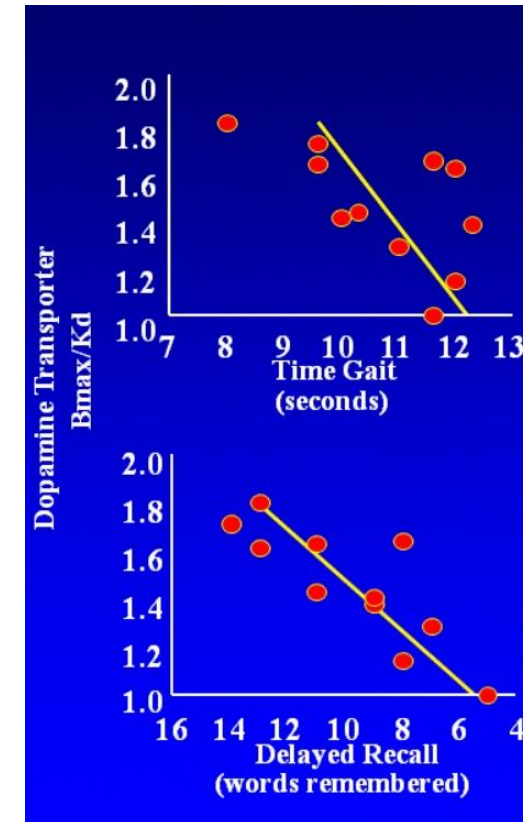


Control

1 month in recovery

14 months in recovery

Volkow et al, Am. J. Psychiatry 2001



Motor Skills:

Loss of dopamine transporters from meth use may result in slowing of motor reactions

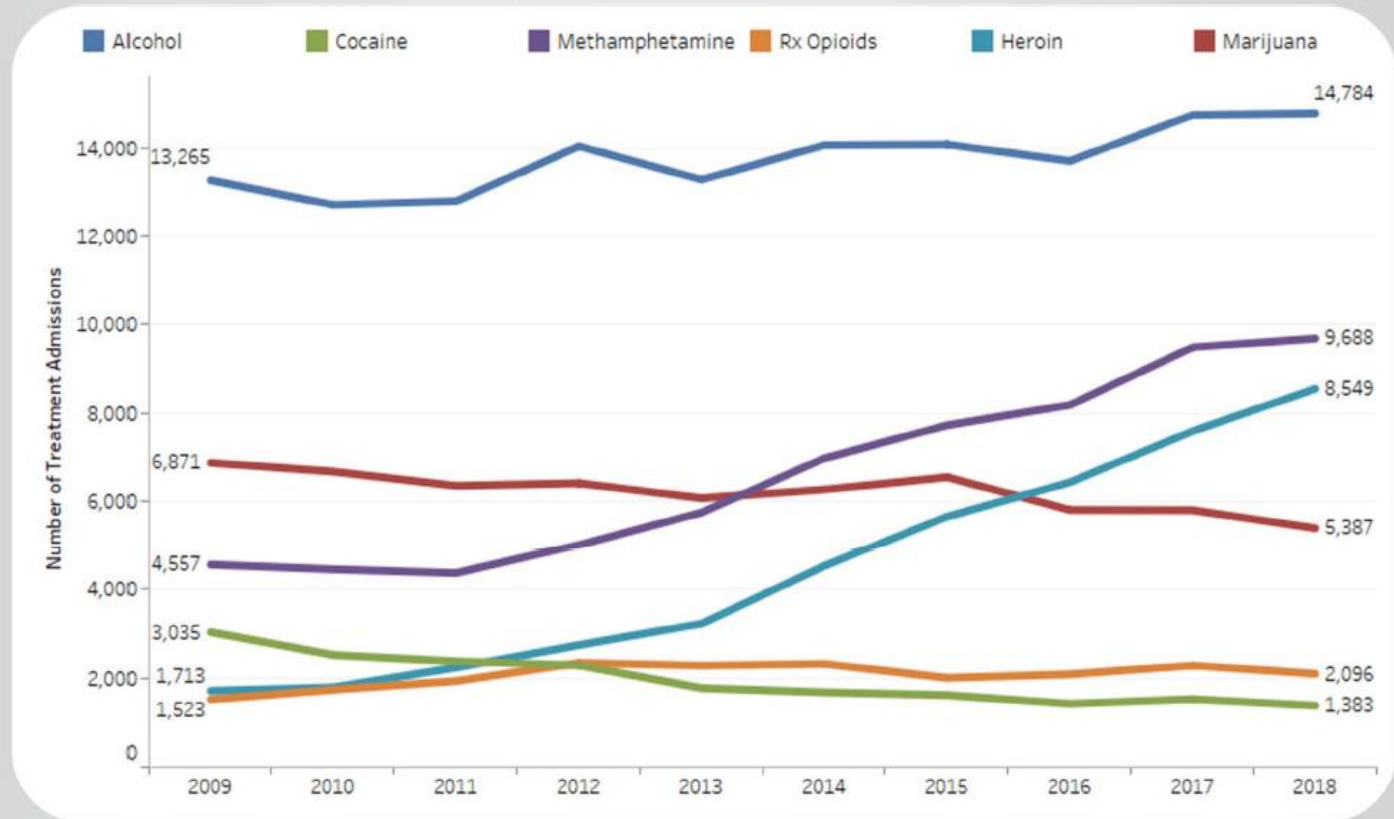
Memory:

Loss of dopamine transporters from meth use may result in memory impairment

Prevalence in Colorado

- Between 2011 and 2018, Colorado experienced a 38.9% increase in methamphetamine treatment admissions across the state overall

Treatment Admissions by Year

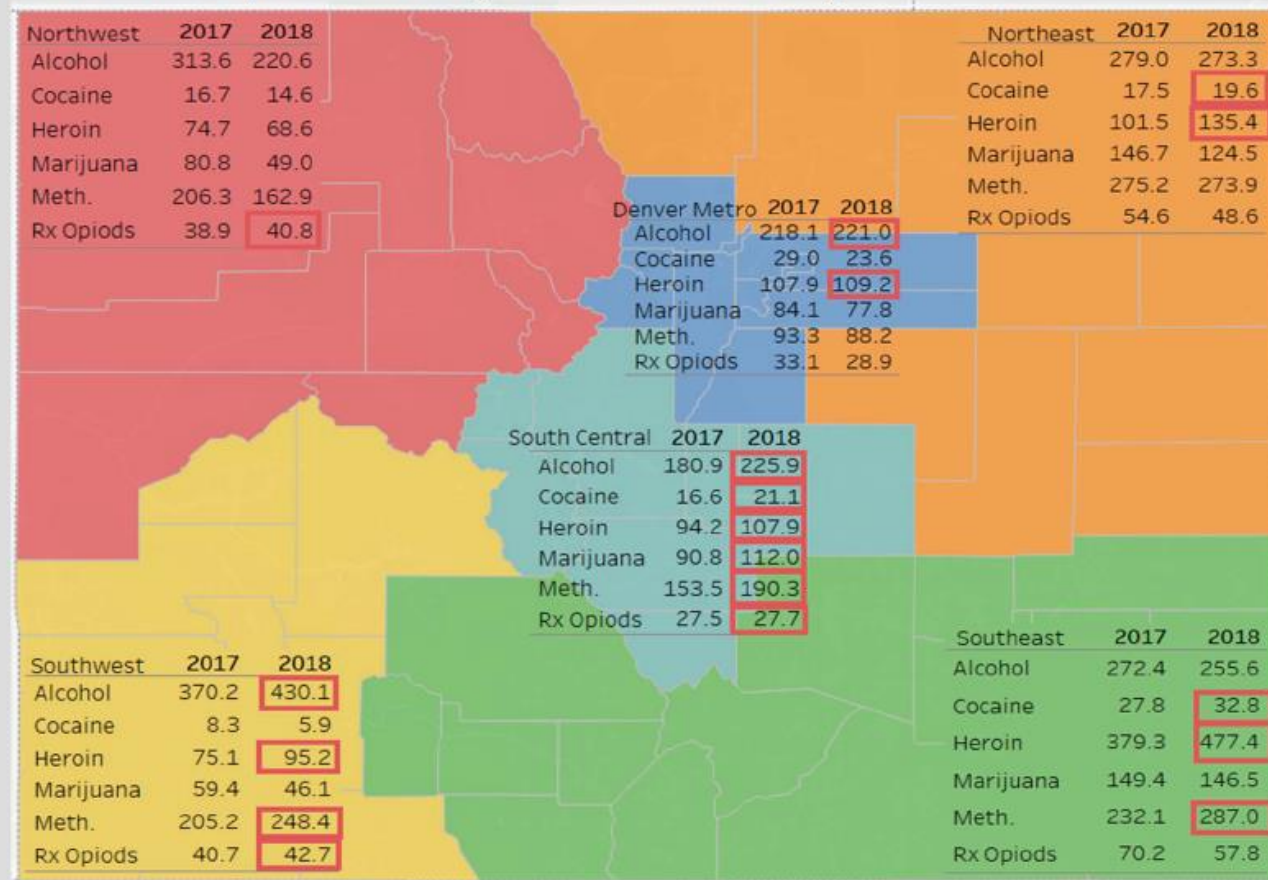


COLORADO
Office of Behavioral Health
Division of Community Behavioral Health

SOURCE: Drug/Alcohol Coordinated Data System (DACODS),
Office of Behavioral Health (OBH) Colorado Department of
Human Services (CDHS)

Regional Prevalence in Colorado

Regional Comparison of Treatment Admissions Rate per 100k Population (CY2017-2018)



COLORADO

Office of Behavioral Health

Division of Community Behavioral Health

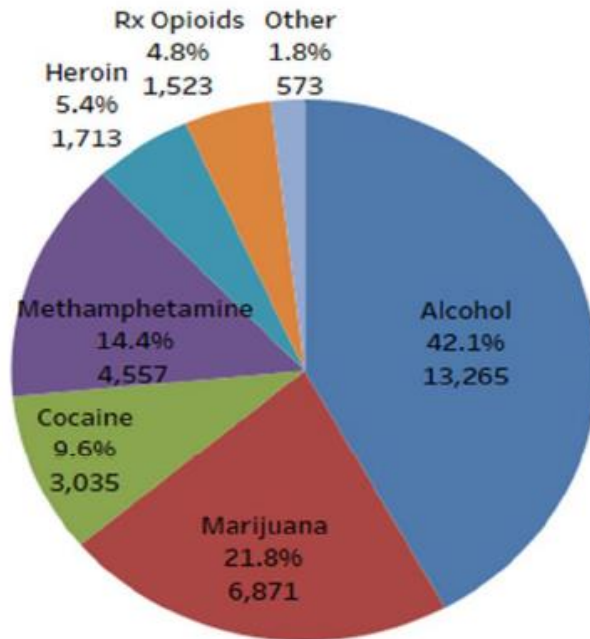
SOURCE: Drug/Alcohol Coordinated Data System (DACODS),
Office of Behavioral Health (OBH) Colorado Department of
Human Services (CDHS)

NOTE: Red squares have been used as a visual indicator for
CY2018 rates that were higher than CY2017.

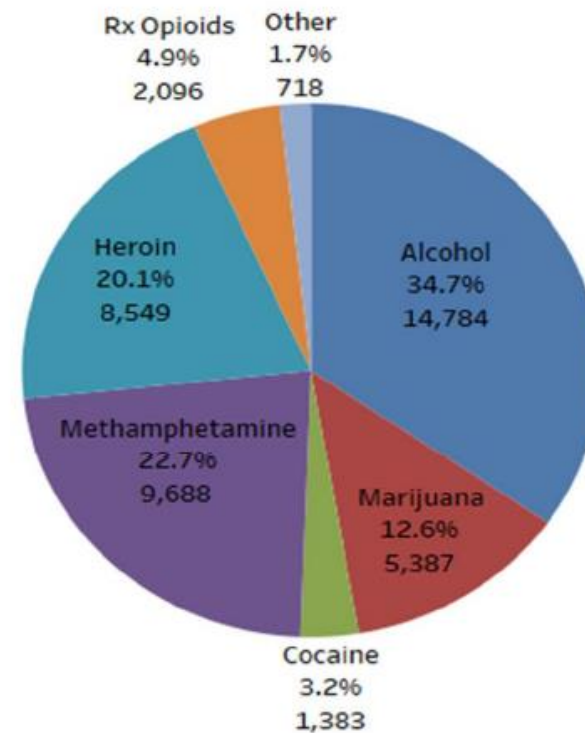
Prevalence in Colorado

Primary Substance Reported at Treatment Admission

CY2009
N=31,537



CY2018
N= 42,605



COLORADO
Office of Behavioral Health
Division of Community Behavioral Health

SOURCE: Drug/Alcohol Coordinated Data System (DACODS),
Office of Behavioral Health (OBH) Colorado Department of
Human Services (CDHS)

Barriers to Recovery

- No FDA approved medication assisted treatments for meth addiction
- Long-term services and full-continuum of services
- Services that address cognitive impairment of individuals
- Recovery services

Barriers to Recovery: Stigma

- People with a methamphetamine use disorder are less likely to identify with images of meth use and are therefore less likely to seek treatment or disclose their drug use to others.
- The attitudes of health care professionals and LE are informed by negative stereotypes of people who use methamphetamines.



What is needed?

- Intensive outpatient treatment programs that engage individuals for a long period of time
- Programs must meet the specific needs of individuals with a methamphetamine use disorder:
 - Therapy handouts or other materials should use graphics instead of words to make key points
 - Support other issues such as memory-loss and time-management skills
 - Treat individuals with co-occurring SUDs and/or mental health issues
 - Address medical and dental complications
- Cognitive Behavioral Therapy (CBT) Motivational incentives
- Matrix Model
- Transitional residential treatment (TRT) programs





**MENTAL HEALTH
COLORADO**

Questions?

Lauren Snyder, Mental Health Colorado
lsnyder@mentalhealthcolorado.org